



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 14.28

Subject: Child Protective Services Investigation of Children Exposed To Chemical Laboratories for the Manufacture of Methamphetamine

Supersedes: DCS 14.28, 08/01/01

Local Policy: No

Local Procedures: Yes

Training Required: No

Approved by:

Effective date: 08/01/ 01

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Application

To All Department of Children's Services Child Protective Services Employees.

Authority: TCA 37-5-106

Policy

The Department of Children's Services shall respond to reports alleging risk to children due to their exposure to clandestine laboratories that manufacture Methamphetamine. DCS shall provide safety to children at risk as well as necessary information for the protection of employees when the possibility of being exposed to toxic chemicals or waste produced by the laboratories exists.

Procedures

A. Request law enforcement assistance

1. When a report is received alleging a possible methamphetamine laboratory, the case manager must contact the local law enforcement immediately to request assistance.
2. **DCS case managers shall not enter a residence where the manufacturing of Methamphetamine is suspected or has been confirmed without the permission of the regional administrator or his/her designee.**

**B. Protocols for
safety of DCS
employees**

1. The case manager must leave the area immediately or as soon as possible if he or she suspects an operational or non-operational Methamphetamine laboratory is being housed inside or outside of a residence.
2. The products and equipment listed in the *Resource Data on Methamphetamine* do have legitimate uses and separately would not be cause for concern. When several different products and equipment are found in close proximity, however, the case manager must take notice and use extra precaution.
3. **THE CASE MANAGER MUST NEVER** use sense of smell or touch to attempt to identify chemicals or unknown substances.
4. The case manager **MUST** not walk through any area where chemicals may have been spilled. If the case manager develops reasonable suspicion of a Methamphetamine operation while in the course of a home visit, efforts should be made to conclude the visit quickly, without causing concern to the individuals of the household that suspicion has developed. This is extremely important due to the extremely aggressive behavior, rapid mood swings and paranoia that use of Methamphetamine may elicit.

**C. When children are
in a
Methamphetamine
lab**

1. If a child is currently in the home, the case manager must leave the home and proceed with the following:
 - a) The case manager must contact local law enforcement immediately. Local law enforcement agencies should have established a specific protocol for use when reports of Methamphetamine laboratories are received. Drug Task Force, DEA personnel, or Highway Patrol Division of Drug and Crime Control (DDCC) are contacted and requested at a specific scene before any other personnel enter.
 - b) The case manager must immediately contact the team leader and legal staff to seek a legal remedy to protect the child. If a laboratory has been, will be or is likely to be confirmed, the case manager should consider adjudication when a relative placement resource is available or consider filing a petition for emergency removal.

2. **The case manager must not enter any building until clearance to do so is received from trained law enforcement personnel, DEA agents, or Drug Task Force members.** A safe distance upwind should be maintained from the suspected laboratory.

D. When the case manager has been exposed to a Methamphetamine lab

1. If the case manager is exposed to the area or building where Methamphetamine is being or has been manufactured, decontamination procedures must be followed as outlined below:
 - a) Contaminated clothes should not be worn into the home or office if at all possible;
 - b) The case manager should shower as soon as possible using soap and water.
 - c) Clothes should be washed in a mixture of water and bleach, and an empty cycle should be run through the washing machine with a water and bleach mixture.
 - d) Soles of the shoes should be carefully cleaned with water.
2. If the case manager experiences physical symptoms and need medical attention, he or she should seek medical attention immediately and begin workers' compensation procedures. (Details of symptoms are located in the *Resource Data on Methamphetamine.*)

E. Protocols for safety of children

If a child has been removed from a home where a known or suspected Methamphetamine laboratory was located and there is suspicion that the child was exposed to chemicals, the following procedures must be followed:

1. The case manager must not remove any items from the home. Any items (clothes, toys etc.) from the house may be contaminated and pose further risk. If at all possible, the child should be decontaminated (defined as, at a minimum, washing the children and changing their clothes) before being transported in the case manager's car. If a child is to be transported before decontamination, ask for police assistance.
2. If no medical personnel are available on-site, an assessment should be done as soon as possible at a medical facility to determine if the child needs emergency medical care. The child should receive a baseline physical examination within 24 hours of removal. Medical professionals need to be informed immediately of the situation and to what possible chemicals the child might have been exposed (Please see *Resource Data on*

Methamphetamine for more information on Methamphetamine and related chemicals). The child should have a lead screening when he or she receives the physical examination, as high levels of lead have been detected in children removed from homes that contained a Methamphetamine laboratory. A urine specimen should be collected from the child and a urine screen requested.

3. Immediately following the child's removal from the home, he or she must be observed closely for labored breathing and headaches for at least 48 hours. If labored breathing or headaches do occur, the child must be taken immediately to a physician or an emergency room.
4. If there is knowledge that the child had direct exposure to any harmful chemical (i.e., he or she was in the same room when the "cooking" process was taking place), the clothing, shoes, etc., must be removed and bagged according to law enforcement requirements. Skin must be washed and rinsed with soap and water. A protective covering or clean clothing should be provided. All clothing that is contaminated should be given to law enforcement for proper disposal.
5. The child and any adults that have had physical contact with the exposed child should wash all skin surfaces thoroughly with soap and water except when injuries have occurred. Open wounds must receive immediate medical attention.
6. Persons responsible for the care of a child after the removal must be informed of the child's exposure to the chemicals. Any clothing the child is wearing that is not claimed for evidence should be removed and washed with heavy-duty detergent. After washing clothes, the caretaker should run an empty cycle through the washing machine with water and bleach mixture. Shoes should also be cleaned thoroughly or discarded. The Department will pay for the purchase of clean clothing for the child.

F. Local procedures Each DCS county office must meet with its local law enforcement office to establish written local procedures for entering homes where children is present and there is a belief that operational and non-operational Methamphetamine laboratories exist.

- G. Investigative tasks to conduct a CPS investigation involving Methamphetamine**
1. To conduct a complete and thorough CPS investigation, follow the tasks identified in DCS policy [14.5, Investigation of Alleged Child Abuse and Neglect](#), Section C, 12, *Drug exposed child*.
 2. The CPS case manager must consult with legal staff and

laboratories	consider seeking severe abuse classification whenever a child has been exposed to a Methamphetamine laboratory or the toxic chemicals that are produced there.
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Forms

None

Collateral Documents

Resource Data on Methamphetamine

Standards

None

Glossary

Term	Definition
<i>Methamphetamine or "Meth":</i>	Methamphetamine is a synthetic stimulant that is produced and sold illegally in the form of pills, capsules, powder, and chunks. Methamphetamine is a drug that strongly activates certain systems in the brain. It is closely related chemically to amphetamine, but the effects of Methamphetamine on the central nervous system are greater. Results from taking even small amounts of Methamphetamine include increased wakefulness, alertness, sense of well being, and physical activity. Decreased appetite is also a symptom that may lead to extreme anorexia. Increased respiration, irritability, aggressive behavior, insomnia, confusion, tremors, uncontrollable movements (twitching, jerking etc.), convulsions, anxiety, paranoia, euphoria, impaired speech, dry or itchy skin, acne, sores and numbness add to the list of effects of using Methamphetamine. Cardiovascular side effects, that include chest pain and hypertension, may also result in cardiovascular collapse and death. In addition, Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing cerebral vascular accidents (strokes).